

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Ohio

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Coshocton County Memorial Hospital Association

2. All other names debtor used in the last 8 years CCMH; Coshocton Hospital; Coshocton County Memorial Hospital

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 3 1 - 4 3 8 7 5 7 7

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1460 Orange Street
Coshocton, OH 43812

Location of principal assets, if different from principal place of business

Coshocton County
County

5. Debtor's website (URL) www.ccmh.com

6. Type of debtor
☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☒ Other. Specify: Ohio non-profit corporation

Voluntary Petition for Non-Individuals Filing for Bankruptcy

Debtor Coshocton County Memorial Hospital Association
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

6 2 2 1

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Voluntary Petition for Non-Individuals Filing for Bankruptcy

Debtor Coshocton County Memorial Hospital Association
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> 1-49 | <input checked="" type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Voluntary Petition for Non-Individuals Filing for Bankruptcy

Debtor Coshocton County Memorial Hospital Association
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/30/2016
MM / DD / YYYY

☒ /s/ Lorri Wildi
Signature of authorized representative of debtor
Title Chief Executive Officer

Lorri Wildi
Printed name

18. Signature of attorney

☒ /s/ Sean D. Malloy
Signature of attorney for debtor

Date 06/30/2016
MM / DD / YYYY

Sean D. Malloy
McDonald Hopkins LLC
600 Superior Avenue East
Ste 2100
Cleveland, OH 44114

(216) 348-5400
Contact phone
0073157
Bar number

smalloy@mcdonaldhopkins.com
Email address
OH
State

Contact phone

Bar number

Email address

State

Voluntary Petition for Non-Individuals Filing for Bankruptcy

Fill in this information to identify the case:

Debtor name Coshocton County Memorial Hospital Association
 United States Bankruptcy Court for the: Northern District of Ohio
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	GENESIS HEALTHCARE 2800 MAPLE AVENUE ZANESVILLE, OH 43701	WENDY S. CEDOZ 740-455-4975 wcedoz@genesishcs.org	SERVICES PROVIDED				8,170,471.76
2	ARAMARK CORPORATION 10510 TWIN LAKES PARKWAY CHARLOTTE, NC 28269	MICHAEL J. CLEARY 215-238-3434 cleary-mike@aramark.com	SERVICES PROVIDED				844,814.60
3	PREMIER ANESTHESIA 2655 Northwinds Parkway Alpharetta, GA 30009	Norb Hummel 770-643-5579 hummel@premieranesthesia.com	SERVICES PROVIDED				668,942.72
4	THE CLARO GROUP, LLC 321 N. Clark Street Suite 1200 Chicago, IL 60654	Lee Kuhn 312-508-4443 lkuhn@thecларogroup.com	SERVICES PROVIDED				495,732.42
5	SODEXO, INC & AFFILIATES 4880 Payshare Circle Chicago, IL 60674	Charlie Baumer 269-329-4215 charlie.baumer@sodexo.com	SERVICES PROVIDED				332,535.67
6	HEALTHCARE FINANCIAL SYSTEMS 4000 Hollywood Blvd. Suite 600N Hollywood, FL 33021	Melanie Damian 305-371-3960 mdamian@dvlp.com	SERVICES PROVIDED				242,363.74
7	BRICKER & ECKLER LLP 100 SOUTH THIRD STREET COLUMBUS, OH 43215	MICHAEL K. GIRE 614-227-2318 mgire@bricker.com	SERVICES PROVIDED				227,986.20
8	SENECA MEDICAL INC 85 Shaffer Park Drive Tiffin, OH 44883	David Myers 419-447-0222	TRADE DEBT				222,809.71

Debtor

Coshocton County Memorial Hospital Association

Case number (if known)

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	CARDINAL HEALTH 71 Mil Acres Drive Wheeling, WV 26003	Ann Stuver 614-757-9081 ann.stuver@cardinalhealth.com	TRADE DEBT				202,224.07
10	SENTRY DATA SYSTEMS INC 800 Fairway Dr. #400 Deerfield Beach, FL 33441	Megan W. Carroll 800-411-4566 mcarroll@sentryds.com	SERVICES PROVIDED				191,147.00
11	EMCARE, INC. 7032 Collection Center Drive Chicago, IL 60693	Michael T. Ryker 317-783-7474 michael.ryker@emcare.com	SERVICES PROVIDED				164,507.90
12	SHIFTWISE, INC. 1800 SW 1st Avenue Suite 510 Portland, OR 97201	Kristine Mitchell 503-548-2038 kmitchell@shiftwise.net	SERVICES PROVIDED				160,169.99
13	DELL MARKETING L P One Dell Way Round Rock, TX 78682	Carrick Carpenter 617-513-0740 carrick_carpenter@dell.com	SERVICES PROVIDED				140,912.59
14	MEDTRONIC USA 4642 Collections Center Drive Chicago, IL 60693	Gary Ellis 763-514-4000 gary.i.ellis@medtronic.com	TRADE DEBT				127,061.51
15	GE HEALTHCARE 15724 Collection Center Drive Chicago, IL 60693	Laura O'Donnell 262-544-3011	SERVICES PROVIDED				104,250.61
16	COSHOCTON COUNTY TREASURER 349 Main Street Coshocton, OH 43812	Janette Donaker 740-622-2731 janettedonaker@coshoctoncounty.net	REAL ESTATE TAXES				98,338.33
17	DIXON HUGHES GOODMAN LLP 191 Peachtree Street, NE Suite 2700 Atlanta, GA 30303	Jim Yanci 330-655-3317 jim.yanci@dhlglp.com	SERVICES PROVIDED				93,159.64
18	EXECUTIVE HEALTH RESOURCES, INC. 15 Campus Boulevard Suite 200 Newtown Square, PA 19073	Steven A. Greenspan 610-446-6100 ar@ehrdocs.com	SERVICES PROVIDED				92,382.00
19	MEDICAL INFORMATION TECHNOLOGY, INC PO Box 74569 Chicago, IL 60696	Barbara Manzolillo 781-821-3000 bmanzolillo@meditech.com	SERVICES PROVIDED				88,943.00
20	BOSTON SCIENTIFIC CORP P.O. Box 8500-6205 Philadelphia, PA 19178-6205	Brian Carpenter 508-382-0253 brian.carpenter@bsci.com	TRADE DEBT				69,721.24

In re <u>Coshocton County Memorial Hospital Association,</u> <div style="text-align: right; margin-top: -10px;">Debtor</div>	Case No. _____ Chapter <u>11</u>
---	--

I, Lorri Wildi, the Chief Executive Officer of Coshocton County Memorial Hospital Association, the nonprofit corporation named as debtor in the above-captioned chapter 11 case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding 20 Largest Unsecured Claims and that it is true and correct to the best of my knowledge.


Lorri Wilde/Chief Executive Officer

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re:)	
)	Chapter 11
COSHOCTON COUNTY MEMORIAL)	
HOSPITAL ASSOCIATION,)	Case No. 16-_____
an Ohio nonprofit corporation,)	
)	Judge
Debtor.)	
)	
(Federal Tax I.D. No. 31-4387577))	

**LIST OF EQUITY SECURITY HOLDERS AND
CORPORATE OWNERSHIP STATEMENT**

In accordance with Rules 1007 and 7007.1 of the Federal Rules of Bankruptcy Procedure,

Coshocton County Memorial Hospital Association submits the following information:

Name of Member(s)
None

Name and Address of Equity Security Holder	Interest
None – an Ohio nonprofit corporation	n/a

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re:)	
)	Chapter 11
COSHOCTON COUNTY MEMORIAL)	
HOSPITAL ASSOCIATION,)	Case No. 16-_____
an Ohio nonprofit corporation,)	
)	Judge
Debtor.)	
)	
(Federal Tax I.D. No. 31-4387577))	

**DECLARATION REGARDING LIST OF EQUITY SECURITY HOLDERS AND
CORPORATE OWNERSHIP STATEMENT**

I, Lorri S. Wildi, Chief Executive Officer of the non-profit corporation named as Debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date: June 30, 2016

Signature: Lorri S. Wildi
Printed Name: Lorri S. Wildi
Title: Chief Executive Officer

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Ohio

In re Coshocton County Memorial Hospital Association,
Debtor

Case
No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, Lorri Wildi, the Chief Executive Officer of Coshocton County Memorial Hospital Association, the nonprofit corporation named as debtor in the above-captioned chapter 11 case, declare under penalty of perjury that I have read the Creditor Matrix submitted by the Debtor and that it is true and correct to the best of my knowledge.

June 30, 2016
Date


Lorri Wildi/Chief Executive Officer